

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number if attorney, and mailing address):     TELEPHONE NO. (Optional): FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
<b>APPLICATION TO COMMENCE PROCEEDINGS BY AFFIDAVIT AND DECISION BY SOCIAL WORKER (Welf. &amp; Inst. Code, § 329)</b>	CASE NUMBER:

To the social worker or social services agency of (specify county):

County:

1. Applicant's name and address:
2. Applicant's relationship to child (specify):
3. Applicant on information and belief alleges that the child is at risk of abuse or neglect and should come within the jurisdiction of the court (supply all information known):
  - a. Child's name:
  - b. Age:
  - c. Date of birth:
  - d. Sex:
  - e. Mother's name:
  - f. Mother's address:
  - g. Father's name:
  - h. Father's address:
  - i. Other (state name, address, and relationship to child):
4. The child described in item 3 above
  - a. ☐ resides within this county.
  - b. ☐ was in this county at the time of the facts alleged below.
5. Facts in support (State supporting facts concisely; include all known and relevant dates, times, names, and addresses. Attach separate pages as necessary.):
 

☐ See attachment 5.
6. Applicant requests that the social worker or agency immediately commence proceedings in the juvenile court on behalf of this child.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

### DECISION OF SOCIAL WORKER OR SOCIAL SERVICES AGENCY

7. After consideration of the application above, the SOCIAL WORKER HAS DECIDED
  - a. ☐ to commence proceedings in juvenile court on these allegations.
  - b. ☐ not to commence proceedings in juvenile court on these allegations because (specify):  
☐ See attachment 7. Number of pages attached \_\_\_\_.
8. I declare I am a social worker of the county in which this application was submitted, and duly authorized to make this decision.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF SOCIAL WORKER)

ADDRESS AND TELEPHONE NUMBER: